

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037811

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 43Primary Registration District No. 3007Registrar's No. 1084

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WAYNE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>POPLAR BLUFF</u>		c. CITY OR TOWN <u>PATTERSON</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DOCTOR'S HOSPT.</u>		d. STREET ADDRESS (If outside, give location) <u>DOCTOR'S HOSPT.</u>	
3. NAME OF DECEASED (Type or print) First <u>JULIA</u> Middle <u>CATHERINE</u> Last <u>LUTES</u>		4. DATE OF DEATH Month <u>OCT</u> Day <u>22</u> Year <u>1962</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>JULY 27-1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	
11. BIRTHPLACE (City and state or country) <u>BOUNDS, MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>THOMAS MADISON TWIDWELL</u>		13b. MOTHER'S MAIDEN NAME <u>MARIET L. BOLLINGER</u>	
14. NAME OF HUSBAND OR WIFE <u>DAVID A. LUTES</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>204.4</u>		17. INFORMANT <u>MARY E. SHEARRER</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Anemia</u> DUE TO (c) <u>Leukemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>10-22-62</u> Month, Day, Year a.m. <u>10-22-62</u> p.m. <u>10-22-62</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>NEAR LODI MO</u>	
21. I attended the deceased from <u>10-22-62</u> to <u>10-22-62</u> and last saw him alive on <u>10-22-62</u> Death occurred at <u>10-22-62 10:30P</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Fred Caldwell MD.</u>	
22b. ADDRESS <u>PIEDMONT, MO</u>		22c. DATE SIGNED <u>29 Oct 62</u>	
23a. BURIAL, CREATION, OR REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>OCT. 25-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>TWIDWELL CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>NEAR LODI MO</u>
24. FUNERAL DIRECTOR <u>BSH</u>	25. DATE RECD. BY LOCAL REG. <u>11/1/1962</u>	26. REGISTRAR'S SIGNATURE <u>Delma Graham</u>	

(Licensed Embalmer's Statement on Reverse Side)

NOV 8 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marvin E. Bowler

Licensed Embalmer No. 4426

P. O. Address Piedmont, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.